Chairman’s Foreword

The past two years has seen the Academy facilitate increased effective collaborative working between the Medical Royal Colleges in all areas of their work including education, training, leadership, patient care, patient safety and ethics. These are detailed in this Review but I would particularly highlight the:

— Rapid radical revision of the Foundation Curriculum with replacement of work place based assessment by Supervised Learning Events – sessions between supervisors and trainees which are non-judgemental and wholly supportive

— Focus on improving the relatively poor support and education that many of the most junior doctors experience

— Major role the Academy has played in simplifying and making more practical the Revalidation process

— Expansion of the Medical Training Initiative helping doctors from less developed countries benefit from UK training

— Success of the new Faculty of Medical Leadership and Management which the Academy has facilitated and is a Faculty of all Colleges and Faculties. I firmly believe that we must encourage more high calibre doctors into medical management

— Success of the joint campaign with the Departments of Health to decrease the morbidity and mortality associated with venous thromboembolism.

In addition over this time the Academy has greatly improved its efficiency with the appointment of Alastair Henderson as Chief Executive and acquired its own offices for the first time. I leave knowing that Professor Terence Stephenson will further develop and improve the work of the Academy and I wish him every success.

Professor Sir Neil Douglas
Chairman
“The Academy’s strength lies in its understanding of areas which cross college and faculty boundaries”
In its first year the Board of Trustees has aligned the Academy’s planning, business and financial cycles, overseen the business plan for the coming year and the development of a longer term strategy.

I would like to thank all the Trustees for their contribution to the Board and the Academy staff for all their work over the year. On behalf of the Board and all our members I would also like to thank Professor Sir Neil Douglas for his excellent leadership of the Academy over the last three years. I now look forward to working with Professor Terence Stephenson as Chairman of the Academy Council.

Walter Merricks
Chairman of the Academy Board of Trustees
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<th>Oct / 10</th>
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| - Work Place Based Assessment Forum  
- NACT UK 9th Annual multi-specialty joint conference | - Academy statement to the Health and Social Care Bill |
| Apr / 11 | May / 11 | Jun / 11 | Jul / 11 |
| - Academy Board of Trustees Established | - Dr Peter Nightingale elected as Academy Vice Chairman | - MTI induction day  
- Ehealth Competency Framework published | - Defining the Role of the Expert Clinician report published  
- Keeping patients safe when they transfer between care providers guidance published |
| Sep / 11 | Oct / 11 | Nov / 11 | Dec / 11 |
| - Academy Statement to the House of Lords regarding Health and Social Care Bill | - Draft Specialty Guidance for Supporting Information published  
- Clinical Commissioning Summit  
- APLG Seminar: Patients and Clinical Commissioning  
- NACT UK Training in a changing world joint conference | - An Ethical Framework for Controlled Donation after Circulatory Death report published |
| Jan / 12 | Mar / 12 | | |
| - Academy Statement on Principles and vision for postgraduate medical education and training  
- Induced Abortion and Mental Health: A systematic review of the mental health outcomes of induced abortion, including their prevalence and associated factors, launched  
- The Benefits of Consultant Delivered Care report, published  
- Standards and Criteria for CPD Activities: A Framework for Accreditation, published  
- Academy Joint Colleges SAS conference (Going for Gold)  
- NACT UK 10th Annual multi-specialty joint conference | - Foundation Curriculum Launched | | |
The Academy of Medical Royal Colleges (The Academy) brings together the voices of its 20 member colleges and faculties for overarching generic healthcare opportunities. The purpose of the Academy is to promote, facilitate and where appropriate coordinate the work of its member Medical Royal Colleges and their Faculties (as defined in their respective charters) for the benefit of patients and healthcare. The Academy comprises the Medical Royal Colleges and Faculties whose presidents meet regularly to agree direction.
Who we are

The Academy was established in 1974 as the Conference of Medical Royal Colleges and their Faculties. In 1996 it was renamed the Academy of Medical Royal Colleges.

The Academy:

— Provides a forum for discussion and collaboration among its member Colleges and Faculties
— Promotes work to benefit the public and its member Colleges and Faculties
— Provides a collective voice on behalf of medical collegiate bodies of the UK.

The Academy has a leading role in the areas of clinical quality, education and training and doctors' revalidation. The Academy aims to speak with a clear and sure voice on generic healthcare issues for the benefit of patients and healthcare professionals.

The Academy is a registered charity in England, Wales, Scotland and Northern Ireland. It is also an independent corporate body limited by guarantee.

Governance

The Academy’s governance arrangements changed in 2011 introducing a Board of Trustees to work alongside the Academy Council members.

**The Board of Trustees** oversee the overall governance of the Academy, and are responsible for all issues relating to finance, audit, governance, risk management and human resources. The Board has the ultimate legal responsibility for the Academy. It is currently chaired by Mr Walter Merricks.

**The Academy Council** comprises the Presidents of the member Colleges and Faculties (plus the Chairman of the Royal College of General Practitioners Council). The Council determines healthcare policy issues for the Academy at its bi-monthly meetings. Professor Sir Neil Douglas has chaired the Council since 2009. Professor Terence Stephenson takes up the Chairman's role in July 2012.

**Academy Staff** are based in its offices in Clerkenwell. The Academy employs nine full-time members of staff and also contracts others on a consultancy basis to undertake specific projects. The Chief Executive is Mr Alastair Henderson.

What we do

The principle work of the Academy focuses on the following key areas:

— Education and Training
— Revalidation
— Quality Improvement
— Health Policy
— Representation
— Governance and Administration.

The Academy’s strength lies in its understanding of areas which cross college and faculty boundaries.

The Academy’s activities are focused primarily on producing policy and informing healthcare through committees and short-term projects.

The Academy builds strong links with key stakeholders and healthcare bodies to create opportunities and establish relationships. Through its work the Academy increases the profession and the public's awareness and understanding of key issues in healthcare that affect all those who use healthcare services and those within its member colleges and faculties. It is essential that members share and learn from each other.
How we work

The principle work of the Academy is carried out through a series of council meetings, committees and working groups along with projects and other core work such as the Medical Training Initiative.

The Academy Council

The work of the Academy is centred on the Academy Council. The Council meets on a bi-monthly basis and considers a wide range of policy and professional issues.

Beyond the major policies around the National Health Service (NHS) reforms, issues considered by the Council have included College involvement in early warning systems over standards of care, training for senior healthcare scientists, the regulation of practitioners of remote tele-medicine, indicators of the quality of medical education, European developments, and the crucial issue of securing adequate time for clinicians to undertake work for the benefit of the wider NHS, Colleges, Faculties and other organisations.

Council members also held informal meetings with the Chief Medical Officer (England), the NHS Medical Director and the Medical Education England (MEE) Director of Medical Education.

Committees

The Academy Council has a number of committees that report back the Council. Each committee meets on average four times a year. The Chairman of each of the committees is appointed by the Academy and is a member College or Faculty representative, with the exception of the Patient Lay Group and the Trainee Doctors Group where the chairmen are elected by their own committee members. Chairmen of other committees under the Academy umbrella are appointed by the Academy Officers. A full list of Academy Committees and their Chairmen is at the back of this review.

Projects

The remainder of the Academy’s work is delivered through specific projects. These are either commissioned by external organisations such as the Department of Health (DH) on a funded basis or part of the Council’s work programme. Projects are either carried out directly by the Academy itself or by external organisations where the Academy’s role is to commission and monitor the delivery of the work.
The Academy’s activities are focused primarily on producing policy and informing healthcare through committees and short-term projects.”
The Academy and its members shape the development and implementation of medical education and training in the four nations of the UK, while supporting its member Colleges and Faculties on their own agendas in cross cutting issues.

The Academy has nine permanent committees in relation to education and training, and from them a number of working groups have been established to look at specific areas of healthcare. As well as these committees the Academy hosts other work streams that look at aspects of education and training such as the Medical Training Initiative.
Academy Education Strategy Committee

The Academy Education Committee was disbanded and replaced with the Academy Education Strategy Committee (AESC) in December 2011 in order to create a forum to focus key education and training strategy, ensuring coordinated working and good communication. The AESC sets out the overarching strategic direction of travel for the Academy’s other education and training related committees, preventing duplication of work. The AESC comprises the chairs of all the Academy education and training related committees including the Directors of Continuing Professional Development (DoCPD).

The committee has had three meetings since forming, devising strategy in relation to:

- Changes to the Health and Social Care Bill
- Development of accreditation of training environments documentation
- Establishing the evaluation of foundation assessments
- Developing and taking forward Improving care and training at trainee changeover dates
- Taking forward concerns highlighted in the General Medical Council (GMC) trainee survey and organising leads for GMC consultations.

Academy Foundation Programme Committee

The Academy Foundation Programme Committee (AFPC) owns and is responsible for the Foundation Programme Curriculum (FPC) and when appropriate advise on its implementation and revision. It also acts as a forum for discussion for member College and Faculty representatives, the UK Foundation Programme Office, foundation trainees, patients, deans, the National Association of Clinical Tutors UK and the GMC on issues related to the Foundation Programme, including E-learning for Healthcare material.

In 2011 in light of Medical Education England’s recommendations, the AFPC established two working groups to undertake a revision of the Foundation Programme Curriculum, which included consultation with key stakeholders, and a period of national review. The GMC approved the revised FPC in full. It was published in March 2012 and it will be in use nationally from August 2012.

The AFPC works closely with the UK Foundation Programme Office to ensure good communication of changes to the curriculum and in particular the assessment related aspects, including how this will work practically within the eportfolios and be reflected in the revised Reference Guide. Work began on revising E-learning material to ensure that it is in line with the changes made to the curriculum.

A working group of the AFPC also began working with Picker Europe looking into the development of a tool to include patient feedback in the formative assessment of foundation doctors. Work is expected to continue into 2013.

The AFPC supported the implementation of compulsory shadowing for foundation doctors of at least four days, which will come into practice in July 2012.

Academy Specialty Training Committee

The Academy Specialty Training Committee (ASTC) acts as a forum for College leads, trainees, patients, deans, GMC and MEE to share best practice and collate views relating to post-foundation training.

Key areas of the committee’s work have included:

- Inputting into the development of Better Training Better Care and MEE’s work on the shape of training
- Input into the Medical and Dental Recruitment and Selection work stream (MDRS)
- Responding to reviews and consultations from a range of organisations including the GMC and UKBA
- Developing and taking forward Improving care and training at trainee changeover dates (which is supported by the CMOs)
- Taking forward concerns highlighted in the GMC trainee survey regarding future funding resources
- Providing representation, information and data for internal and external groups related to specialty/general practice training.

ASTC has also established a number of working groups which have taken forward the development of curricula and frameworks

The Ehealth Framework Working Group developed the Ehealth Competency Framework: Defining the Role of the Expert Clinician (published in June 2011), with the Scottish Government, which defines the knowledge, skills and behaviours that are required by practising clinicians at a local, regional and national level who have a role in eHealth.

The Acute Kidney Injury (AKI) Working Group supported the development of the Acute Kidney Injury: Competency Framework (published November 2011), which promotes better clinical care of patients with, or at risk of AKI. The work was jointly sponsored by the Royal College of Nursing and National Outreach Forum.

The Broad Based Curriculum Working Group began developing a new core programme post foundation, between the Royal College General Practitioners (RCGP), the Joint Royal Colleges of Physicians Training Board, the Royal College of Paediatrics and Child Health (RCPCH) and the Royal College Psychiatrists (RCPsych), supported by the Medical Programme Board (MPB). The first draft of the core programme was submitted to the GMC for approval on 1 March 2012. It is anticipated that the programme will be piloted for the intake of August 2013.

The Transferable Competences Working Group began developing a framework so that trainees who gain competences in one curriculum, are able to have them recognised where appropriate if they move to a different curriculum. This has support from MEE, the GMC and MPB. It is expected to be completed by autumn 2012.
The Academy Infection Training Working Party

The Academy Infection Training working party (AIT) developed a draft curriculum which the Academy hopes will lead to a new Certificate of Completion of Training (CCT) in Infectious diseases, medical microbiology and virology. The curriculum went out for consultation to all relevant stakeholders across the four nations. Working groups were established looking into developing assessment and delivery aspects of the proposed curriculum. Feasibility research and analysis was also carried out to determine how it could be implemented.

In May 2011, it was agreed that the curriculum should be handed back to the lead colleges (JRCPTB) and the Royal College of Pathologists (RCPPath) who first approached the Academy to take on this work to enact the developments. The Academy has continued to give support on the curriculum as appropriate.

The ATDG held an inaugural national essay competition in conjunction with MEE ‘How can the quality of medical training be improved while supporting high quality patient care without additional cost?’ The competition was open to all trainees from the UK, and the winner presented their essay in person to MEE.

Statements have been published by the group on:

— Developing the Healthcare Workforce
— The Principles of Postgraduate Medical Education
— CfWi Shape of the Medical Workforce.

Academy Trainee Doctors’ Group

The Academy Trainee Doctors’ Group (ATDG) has continued to discuss and provide a voice into many key issues surrounding college registered trainee doctors. The trainee voice has been represented at the majority of Academy committees and working groups, as well as a number of external bodies.

The ATDG restructured the way it works and appointed three themed representatives to support the existing committee in the areas of Education and Training, Specialty Training, and Leadership and Management. As part of the restructure, the ATDG produced a mission statement to further clarify their role in ensuring excellence in education, training and assessment of all UK doctors in training.

Contributions have been made to various consultations, including the GMC consultation on Recognising and Approving Trainers.

Joint Academy and COPMeD Training Advisory Group

This group brings together the Academy, the Conference of Postgraduate Medical Deans (COPMeD) and the Committee of General Practice Education Directors (COGPeD) with the GMC, four DHs, Centre for Workforce Intelligence (CfWI), trainees and patients in a forum to inform, coordinate, and develop policy and strategy and the delivery of postgraduate medical education in the UK.

Key work over the period included:

— Responding to the White Paper Liberating the NHS, Future Forum Report and Government Response
— Inputting into the development of Better Training Better Care and MEE’s work on the shape of training
— Improving communications with the Centre for Workforce Intelligence
— Responding to Technology Enhanced Framework
— Developing Less than Full Time Training Guidance with the GMC
— Developing guidance on education and training with family members
— Researching and making recommendations regarding August changeover date of trainees which was taken to the UK Scrutiny Group and is now being taken forward.

Academy Assessment Committee

The Academy Assessment Committee (AAC) has coordinated and taken forward the work of the Medical Royal Colleges and Faculties for post graduate medical education assessment following the 3rd Workplace Based Assessment forum which was co-hosted with the GMC and COPMeD in October 2010. The AAC has also been involved in the introduction of SLEs to specialty training.

The AAC has continued to work closely with the GMC regarding implementing proposals on the number of attempts and period of validity for national postgraduate examinations.

The AAC has also collated information on College appeals processes with a view to producing generic principles of good practice in summer 2012.

In early 2012 a scoping exercise (led by RCGP) on ethnicity data from assessments was carried out. A proposal is now being drawn together for the Academy to carry out a research project in this area.
Academy Directors of Continuing Professional Development

Academy Directors of Continuing Professional Development (DoCPD) advises doctors and other senior professionals allied to the Medical Royal Colleges, on the development and administration of their CPD schemes. The committee, in so far as it is possible, harmonises administration of the quality assurance of such schemes. DoCPD comprises one representative from each of the Medical Royal Colleges and their Faculties and from the Royal Society of Medicine.

The following work streams were undertaken by DoCPD:

The Accreditation Standards and Criteria Working Group was set up to develop guidelines for common accreditation standards and criteria. It was agreed that even for Colleges which did not have systems in place, it would be helpful to have common standards for accrediting CPD to which Colleges and Faculties could map. The standards were completed in November 2011 and published in January 2012.

GMC CPD Review (Role of the Regulator) came about from the recommendations in Lord Patel’s report on the regulation of education and training in 2010. DoCPD was formally represented on the GMC’s CPD Review workgroup throughout 2011 and contributed to the report and recommendations. In addition, DoCPD responded formally to the GMC’s consultation on the final report and recommendations in January 2012.

The Revalidation Support Team’s (RST) Medical Appraisal Guide
DoCPD focused on the drafting of CPD guidance as supporting information for appraisal. It will form part of an appendix of guidance on supporting information. DoCPD’s contribution to the RST’s workgroup has achieved consensus on:

— Common elements of CPD requirements across Colleges and Faculties
— Methods that will provide information on the educational effectiveness of CPD activities
— A common format for the presentation of supporting information about CPD activity at appraisal.

Medical Training Initiative

The Medical Training Initiative’s (MTI) primary objective is to aid improvement in global healthcare provision by providing an opportunity for overseas Doctors, particularly from developing countries, to work in the NHS for up to two years before returning to their home country.

In 2010, the Academy took over from NHS Employers as the formal, UKBA licensed Sponsor of the MTI Programme. As sponsors the Academy has worked with Trusts, Deaneries, Medical Royal Colleges and potential participants assuring individual applications for Tier 5 visas, and issuing Certificates of Sponsorship.

Following the introduction of the new Points Based System of immigration in 2008, the MTI was incorporated as a Tier 5 Government Exchange visa scheme, with strategic sponsorship by the Department of Health. In June 2011 the Government initiated a review of Tier 5 visas, proposing a reduction in maximum length from two years to one year. The Academy coordinated a strong consultation and lobbying response to the review, helping to secure agreement to MTI Tier 5 visas retaining a maximum length of two years, considered vital to ensure participants obtain the required training and experience.

By attending key committees and meetings, the Academy also ensured that the MTI Programme remained an active element of international healthcare provision thinking.

The Academy also facilitated the sharing of good practice and learning through a regular MTI Leads forum bringing together representatives from the Medical Royal Colleges, Deaneries and Department of Health making improvements in the MTI Tier 5 visa application process. In addition, the Academy undertook promotional out-reach work, raising the profile of the MTI Programme as well as on-line information and guidance.

In June 2011 an Induction Day for MTI participants across the four countries was organised by the Academy. The day, covering such topics as ethical decision making and transitioning to working in the UK, was well attended and a similar event is anticipated for 2012. In the eighteen months October 2010 to March 2012, the Academy processed over 600 Certificates of Sponsorship for MTI Tier 5 visas, with applicants from almost 50 different countries.
“The quality of medical healthcare is critically dependent on the quality of postgraduate medical education and training”
The Intercollegiate group on Nutrition

Since 2011 the Intercollegiate group on Nutrition (ICGN) has been under the auspices of the Academy as a collaborative venture between the Medical Royal Colleges and the British Dietetic Association.

ICGN’s initial aim, to establish an Intercollegiate Course on Human Nutrition, with relevance to doctors of all disciplines has been extremely successful, with a minimum of one course running per year since its inception. ICGN is also involved in undergraduate and foundation years training with a view to inputting into higher medical training. An explicit nutrition component was included in the 2012 Foundation Curriculum.

Undergraduate Nutrition Education Implementation Group

Set up under the ICGN, the Undergraduate Nutrition Education Implementation Group (UNEIG) works to standardise what it is reasonable to expect from newly qualified doctors as they enter postgraduate training.

The group includes representation from every medical school in UK and has developed a Standard National Curriculum on Nutrition for medical students. In 2011, this was formally supported by the Medical Schools Council and GMC and is now being widely used in UK medical schools.

Higher Specialist Scientist Training

In March 2012 the Academy published a consensus statement agreed by all its members recognising the importance of Higher Specialist Scientific Training (HSST) in ensuring appropriate career development and progression for a highly skilled scientific healthcare workforce.

The Academy and its member Medical Royal Colleges and Faculties now intend to support the development of curricula for top-level scientists working in areas relevant to each college’s field of interest, as part of the Modernising Scientific Careers (MSC) programme. These curricula will be developed by both scientists, currently working at an appropriate level in the relevant field, and medically trained colleagues from Colleges. The statement and proposed further work by Colleges is supported by the Department of Health.
Revalidation is due to commence by the end of 2012. The Academy has continued to work with its partners to develop a system for revalidation that is straightforward and robust, reflecting the needs of doctors and patients.

The Academy is represented on the UK Revalidation Programme Board and the Revalidation Support Team’s (RST) Programme of Work Advisory Group as well as other stakeholder involvement activities that focus on policy and implementation.
The Academy Revalidation Development Group (ARDG) meets bi-annually acting as forum for information exchange for the work of the Academy Revalidation Steering Group (ARSG). Medical Royal Colleges, Faculties and external partners and stakeholders. Discussions and actions from this this group have contributed to developing the revalidation process.

**Academy Revalidation Steering Group**

The Academy Revalidation Steering Group (ARSG) drafted a *Core Specialty Guidance Framework for Supporting Information*, which is the foundation for specialty specific guidance for doctors’ appraisals. The core framework was designed in line with the GMC’s guidance on supporting information. The draft guidance was used in the 2011 Revalidation Support Team pilots. The final guidance will be launched in June 2012.

Along with this work the ARSG has agreed principles and practices for the future provision of advice by Colleges on revalidation matters to Responsible Officers, appraisers and doctors. A core training programme has been created for future College advisers to ensure consistency and good systems.

Set up through the ARSG the Academy Return to Practice Working Group developed guidance for doctors returning to practice following a career break of three months or more, providing checklists and advice for doctors and organisations. *The Return to Practice Guidance* will be published in April 2012.

The ARSG continued to discuss the quality assurance of revalidation and how Colleges can contribute to that process. It set up a working group to design a Reflective Template for use by doctors and appraisers when documenting learning activities and events. It is aimed to be used in conjunction with supporting information documents at appraisal. A draft Reflective Template for Revalidation was approved by the ARSG in March 2012.

Over the period the ARSG has also:

- Represented the Academy in the RST Pathfinder Pilots 2010-11, including engagement in each pilot site and collating and circulating regular updates
- Collated information regarding patient involvement in revalidation within College and Faculty activities
- Worked with the GMC, RST and other bodies to ensure guidance is simplified, consistent and clear
- Given presentations and talks at meetings and conferences such the NHS Employers’ 2012 webinar updating employers on revalidation
- Agreed Academy representation on Revalidation Delivery Boards for Wales and Northern Ireland (representation already exists in Scotland and the Academy work closely with the RST and DH in England)
- Considered legal advice on the type of support and advice Colleges and Faculties can offer once revalidation starts.

The Academy has been supporting Colleges and Faculties in the development of advice services particularly for specialty specific enquiries on revalidation from doctors, appraisers, and Responsible Officers. The Academy will fund the delivery of core training at workshops in the summer and autumn of 2012.

The four surgical Medical Royal Colleges (Surgeons of Edinburgh (RCSEd), Surgeons of England (RCSEng), Physicians and Surgeons of Glasgow (RCPSG) and Surgeons in Ireland (RCSI) launched the surgeons eportfolio in December 2011. In addition, the three Faculties: Public Health (FPH), Pharmaceutical Medicine (FPM) and Occupational Medicine (FOM) are working together to develop a Tri-Faculty eportfolio.

**Specialty Advice Training.** The Academy has been supporting Colleges and Faculties in the development of advice services particularly for specialty specific enquiries on revalidation from doctors, appraisers, and Responsible Officers. The Academy will fund the delivery of core training at workshops in the summer and autumn of 2012.

**Orphan Pilots.** Funding was approved in 2010 for a number of pilots which aimed to test the standards and supporting information elements of revalidation for doctors working in an area which is outside the traditional NHS settings and who would not be covered by the RST Pathfinder Pilots (known informally as ‘orphan’ groups). These Pilots followed where possible, the Pathfinders Pilots’ methodology to enable a meaningful comparison. Four pilots have now completed successfully, the remaining two pilots are due to complete in 2012.

Since October 2010, 18 projects and pilots have completed, and a further 21 are expected to complete in the coming year. An additional 20 projects are expected to commence over 2012 pending the funding of specialty adviser training for each College and Faculty.

The facilitation of new applications and progress of projects and pilots is monitored by the Revalidation Project Governance Manager. In addition to dealing with new applications, progress updates on all projects and pilots are sought and reviewed every three months. A detailed report is then prepared for the RPGC to consider and make recommendations.
“The Academy facilitates the work of the Colleges and Faculties and to encourage sharing of experience, skills and knowledge around the development of methods for revalidation”
The Academy has continued to raise its activity and input into issues around quality and standards of clinical care. It has focused its work through committees and short term projects.
Quality Improvement Leads Committee

The Quality Improvement Leads Committee was set up in late 2010 to work on cross college and faculty issues with a clearly defined remit concerned with clinical quality improvement.

The committee provides a forum for Academy members to:

— Share information and best practice on quality standards and improvement issues in relation to cross pathway and cross specialty work
— Develop Academy responses to Government initiatives on quality issues
— Provide a contact point for Government and other national stakeholders to engage Colleges and Faculties on cross-cutting quality issues.

The work of the Quality Improvement Leads Committee has generated and informed the following specific quality related activity:

NICE Clinical standards
At the request of the NHS Medical Director the Academy worked with member organisations to prioritise topics for which NICE should develop clinical standards.

NHS Information Strategy
The Academy provided a response to An Information Revolution – the DH consultation on the NHS Information Strategy.

Seven Day Acute Services
The Academy Seven Day Acute Services project was set up in late 2011. The project seeks to establish the staffing required in hospitals for effective consultant led care across a seven day week as well as the likely effect on the configuration of services.

Obesity Steering Group

The Obesity Steering Group was formed in February 2012, following concerns from the Academy Council that current policy measures would not be effective in tackling obesity in the UK. The project aims to produce a report and action plan reflecting the views of the medical profession on what role clinicians can take to tackle obesity amongst patients but also, more widely, to identify what steps individuals, organisations and Government should take to ensure an effective and coherent approach is taken to reduce obesity levels. The report is expected to be published in Autumn 2012.

Venous Thrombo-embolism

Following the development of the Academy five point plan to tackle Venous Thrombo-embolism (VTE) in 2010, a partnership working group with the Royal College of Nursing (RCN), and the Royal Pharmaceutical Society (RPS) has been set up to focus the NHS on implementing a VTE prevention strategy, including looking at:

— Risk assessment and appropriate thromboprophylaxis for all adult patients admitted to hospital
— Greater post discharge follow up in the community for patients
— Improvements in care by auditing patient outcomes
— Introducing effective multidisciplinary practice in the prevention of VTE.

Quality Standards for the design of hospital in-patient prescription charts

The NHS Medical Director, commissioned the Academy to work together with the RPS and RCN to produce a report on Standards for the design of hospital in-patient prescription charts for future designs of such charts.

The standards were developed by an inter-professional group of doctors, pharmacists and nurses who reviewed hospital prescription charts from a variety of sources, examined the scientific publications in the area and consulted widely. The standards were published in April 2011.

Clinical Responses to the Downturn

In December 2010 in conjunction with the NHS Confederation, the British Medical Association (BMA) and the Joint Medical Consultative Council (JMCC), the Academy published a report entitled Clinical Responses to the Downturn which set out how seven medical specialties can help tackle the NHS financial challenge whilst maintaining quality and standards of care.

Information and Informatics

High quality clinical information and the effective collection and management of that information is central to delivering high quality care. In July 2011 the Academy, in conjunction with the NHS Information Centre published Hospital Episode Statistics: Improving the quality and value of hospital data which highlights how improvements to the collection and use of hospital data by clinicians can be made to secure good quality outcomes and inform patient choice.

Academy representatives have played a key role in a Joint Working Group on Assurance of Clinical Information Standards and the signed up to the E-Health Insider Clinical Chief Information Officer Campaign which champions the role of clinical information leaders.
The Academy regularly meets ministers and senior staff from the UK departments of Health to discuss issues of development to member Colleges and Faculties relating to quality standards and postgraduate training and education. It also responds to appropriate consultations on specific issues with a collective voice.
NHS and Social Care Bill

The NHS Health and Social Care Bill dominated Academy considerations on health policy in 2011. Initial support for the principles behind the reforms for greater clinical engagement changed to increasing concern, and varying degrees of opposition to much of the detail of the Bill. College and Faculty concerns centred on the threat of unmanaged competition to the integration, stability and quality of services, and ensuring clinical commissioning involved secondary care and public health clinicians. In addition the Academy had a number of concerns regarding the proposals for education and training.

The Academy sought to engage with the Government constructively throughout the process putting in responses to the various consultation papers, attending meetings and producing briefings throughout the process. Changes were made to the Government’s proposals and the Bill during this process but many Academy members retained significant concerns about the implications of the reforms. The effect of these changes in the NHS, the provision of services, the quality of care and education and training will be key considerations for the Academy over the coming years.

NHS Future Forum

The Academy played an active role in the NHS Future Forum established as part of the ‘listening exercise’ during the passage of the Bill. Academy Council members (Professor Terence Stephenson and Dr Peter Nightingale) were members of the Future Forum in individual capacities. The Academy Council held a special meeting with Andrew Lansley, the Secretary of State, and Future Forum leads and submitted evidence to all the Forum groups.

Education and Training Policy

Education and training was not initially part of the Bill, however, the Government proposed significant changes to the structure for the management and delivery of education in the White Paper Developing the Healthcare Workforce.

The Academy was supportive of many of the developments and principles for education and training but had significant concerns over the governance, role and delivery of Local Education and Training Boards and maintaining the role of Postgraduate Deans in the new system. The Academy was actively involved in discussions with the DH and significant improvements in developing the proposals were achieved. The Academy will be working closely with Health Education England to ensure proposals are developed and implemented effectively to the benefit of post-graduate medical education and the health of the nation.

In December 2011 the Academy adopted a statement of Vision and Principles for Postgraduate Medical Education and Training which set out the role that Colleges and Faculties should play in post-graduate medical education.

Clinical commissioning

In response to the Health and Social Care Bill, in October 2011 the Academy along with the Royal College of General Practitioners Centre for Commissioning and the Health Foundation organised a Clinical Commissioning Summit.

The Summit, funded by the Department of Health and the Health Foundation was attended by 140 stakeholders representing the spectrum of Royal Colleges, professional organisations and patient groups. It provided a forum for developing a shared understanding of commissioning, for exploring concerns and for generating ideas to help drive joint clinical and professional commissioning forward positively, constructively and collaboratively with patient care at the very heart of it.

Following the summit, the Academy continued working with Colleges, the DH and the NHS Commissioning Board Authority (NHS CBA) to develop proposals on how Colleges can provide clinical advice and input to the NHS CBA.

Faculty of Medical Leadership and Management

In January 2011 the Academy agreed a proposal to establish a Faculty of Medical Leadership and Management (FMLM). A Founding Council was established with representatives from all Colleges and Faculties, which oversaw the development of the Faculty and its launch in October 2011. To date the Faculty, under the leadership of its interim Director, Peter Lees, has been very successful and recruited over 1,600 members. Although the Academy and Colleges acted as the catalyst for the development of the FMLM it was always been the intention that the organisation would become a free-standing independent organisation.

Academy Health Inequalities Forum

The Academy Health Inequalities Forum (AHIF) allows members to disseminate information on various issues related to health inequalities. The forum met three times over the period for this purpose and to receive presentations on the NHS White Papers, the WHO Review on People with Disabilities and Child Public Health and Poverty.

In March 2012, AHIF met to review its future role and remit. A work programme will now be developed around the three emerging themes of products, influence and engagement.
The UK Donation Ethics Committee (UKDEC) was established under the auspices of the Academy in 2010 as an independent source of advice and guidance on ethical aspects of organ donation and transplantation. It aims to increase professional and public confidence in the ethical basis for decisions and processes in organ donation. The UKDEC will consider ethical issues in their broader context in society. Unlike other Academy Committees its members are independently appointed. UKDEC has undertaken three significant areas of work during the period:

**Donation after Circulatory Death** has been the main project for UKDEC. A draft report was written and issued for consultation in January 2011, with the final document, *An Ethical Framework for Donation after Circulatory Death*, published in December 2011. UKDEC hosted a workshop in November 2011 to consider the issues in donation of hearts following circulatory death, for both paediatric and adult donors.

**The Research in Transplantation** paper setting out UKDEC recommendations for tackling problems in transplantation research in the UK was accepted for publication in the journal Transplantation. Recommendations for seeking consent for research from both donors and recipients are also being considered by NHS Blood and Transplant.

A work stream on **faith and organ donation** began to promote debate about diagnosis and definition of death in relation to organ donation among faith communities. It builds on work carried out by the Organ Donation Taskforce in 2008 and 2009. Engagement with the Faith communities has been led by Professor Randhawa supported by UKDEC colleagues. The method of engagement has been largely defined by the faith communities themselves as they are at different stages of debate concerning death and organ donation. Discussions have been held with faith leaders (Judaism, Christianity); events have been organised to further debate (Islam, Hinduism), with some televised discussions. (Islam Channel, Seventh Day Adventists, Sikh TV Channel).
“The Academy has produced some of the most comprehensive and focused reviews of healthcare. Working in partnership with the Medical Colleges and Faculties as well as the Department of Health to influence and develop the way the medical profession works”
The Academy commissions, monitors and manages a number of projects which are delivered by external organisations.
Matched Funded Projects

The Academy received funding from the DH to support projects run by Academy member Colleges and Faculties. The projects must be applicable across medical specialties and have clear and demonstrable benefit to the medical profession as a whole as well as to the public. Colleges commit to match the grant funding from the Academy with either additional funding or equivalent resources.

Bids are considered by the Academy’s Project Governance Committee which allocates resources and monitors progress on the projects. The project Governance Committee met twice over the period and agreed and noted progress on the following projects:

**IMGs and Medical Examinations**
Research began in January 2011 to identify linguistic and cultural features of face to face postgraduate medical examinations which contribute to the higher failure rate of International Medical Graduates (IMGs) and graduates from minority backgrounds trained in the UK. This project is being done in partnership with the Royal College of General Practitioners. The project is expected to complete in early 2013.

**Alcohol & Drug Related Conditions**
The project began in April 2011 with an aim to develop a cross College consensus on the core competencies of all doctors relating to the assessment and treatment of alcohol and drug disorders. Work is being done in partnership with the Royal College of Psychiatrists. The project is expected to complete in July 2012.

**Web-based Physical & Mental Health Resource Centre**
This project began in February 2011 following on from the No Health without Mental Health project. The project, led by RCPsych and completed in April 2012 produced a new Improving Physical and Mental Health website. The site signposts a manageable selection of key resources, including clinical guidance, screening and monitoring tools, information on service models, and further reading. It has special sections on children and young people, as well as on mental health of people with long-term conditions and on medically unexplained symptoms. It will also be of interest to GPs, paediatricians and other doctors and commissioners.

**Improving the management of back pain in NHS staff**
Project funding was agreed in July 2011 and the Royal College of Physicians and the Faculty of Occupational Medicine worked together to highlight the need for all NHS staff to be given good advice about back pain. The project was completed in May 2012.

**Musculoskeletal Disorders**
Project funding was agreed in July 2011 to systematically review health economic evaluations of psychological interventions in musculoskeletal disorders. The work is being developed with the Royal College of General Practitioners, the Faculty of Occupational Medicine and the Royal College of Physicians of London.

**Quality Improvement Project: Cancer**
Project funding was agreed in July 2011. The project is a multidisciplinary project which, from inception, has been jointly developed by the National Cancer Intelligence Network (NCIN), and therefore involves members and Fellows of the Royal College of Physicians, the Royal College of Surgeons, and the Royal College of Pathologists. The project will also be in collaboration with Cancer Care Ontario.

**Upper Gastrointestinal Bleeding Toolkit**
This project completed in October 2010. It developed a toolkit using nine service standards to improve the diagnosis and management of upper gastrointestinal bleeding and prevent unnecessary deaths. The toolkit supports both commissioning and providing NHS organisations to deliver effective, high quality services and enable patient access to the same quality of care wherever they live in the UK around the clock. The toolkit was produced by the Academy, with the Association of Upper GI Surgeons, the British Society of Gastroenterology, the Royal College of Nursing, the Royal College of Physicians and the Royal College of Radiologists, with funding support from the National Patient Safety Agency.

**Care closer to home**
The RCPL led a literature review of care closer to home highlighting 23 relevant studies between 2000 and 2009. The review concluded that care closer to home services significantly improve patients’ satisfaction with healthcare services as well as improving their attitudes to and knowledge of their individual conditions and treatment. The findings were not always conclusive but various recommendations came out of the study including the commissioning of further outcome-focused studies. This project completed at the end of June 2011.

**Safe Practice in Medicine**
Patient safety is at the heart of the medical profession and protecting patients from harm and improving quality are priorities for every clinician. Working in partnership with the Royal College of Surgeons of Edinburgh, the NHS Institute for Innovation and Improvement has developed the Postgraduate Curriculum Creator Tool to support and inform the delivery of patient safety in postgraduate medical education. The tool is aimed at curriculum developers of all medical specialties, helping design, build and enhance patient safety curricula. This project was completed in 2011.
Out of Hours Interventional Radiology
This project was originally a stand-alone project lead by the Royal College of Radiologists (RCR) on provision of Interventional Radiology for upper GI haemorrhage but with the agreement of the Academy it was combined with the Consultant Rota on call Modelling of Endoscopy Services (CROMES) project which was instigated by National Patient Safety Agency (NPSA) and already underway. CROMES then became an Intercollegiate, organisational project with the British Society of Gastroenterology and Association of Upper GI Surgeons.

The Academy funding allowed the development of models and templates for an upper GI haemorrhage service rather than just a report on the state of UK endoscopy services.

The project also had involvement from the Royal College of Paediatrics and Child Health, the Royal College of Surgeons (London, Edinburgh, Glasgow), the Royal College of Physicians (London), the College of Emergency Medicine and the Royal College of Anaesthetists. The project was completed in July 2011.

Audit of NICE Sickness absence guidelines
The Royal College of Physicians London and the Faculty of Occupational Medicine led this project looking at how well trusts across England are implementing a range of NICE public health guidance relevant to NHS staff health and wellbeing.

The project conducted an organisational audit of the progress NHS Trusts have made in implementing the recommendations in the NICE guidance Managing long-term sickness absence and incapacity for work. The audit was carried out successfully with 282 trusts in England, employing nearly 900,000 NHS staff participating. Overall the participation rates were very encouraging and demonstrate trusts’ commitment to improving staff health and wellbeing. The findings were reported in July 2011.

Good practice in environmental medicine
This project completed in April 2011 and was led by the Faculty of Occupational medicine, along with the Faculty of Public Health, the Royal College of Pathologists, the Royal College of Physicians London, the Royal College of Physicians of Edinburgh and the College of Emergency Medicine. The project produced a report looking at how to improve postgraduate training for doctors in environmental medicine, both pre- and post- specialist accreditation.

Other Project Areas

E-Learning for Healthcare
The Academy has been the sponsor of several e-Learning for Healthcare projects over recent years. In 2011 Departmental funding for all e-Learning projects was put on hold whilst the projects and funding were reviewed. Following the review funding was obtained to complete the Foundation and LeAD Medical Management e-Learning projects. Additional funding was obtained in 2012 to update the Foundation e-Learning course in line with the new curriculum.

Medical Leadership Competency Framework
The Medical Leadership Competency Framework (MLCF) produced by the Academy and the NHS Institute for Innovation in 2007 and subsequently incorporated into specialty curricula continued to be the leading source for defining medical leadership requirements. In 2011 the Academy agreed that the MLCF could be used to form the basis of a wider Clinical Leadership Framework developed by the NHS Institute.

Induced Abortion and Mental Health
In January 2012 the Academy launched the publication of the world’s largest, most comprehensive review into the mental health outcomes of induced abortion Induced Abortion and Mental Health: A systematic review of the mental health outcomes of induced abortion, including their prevalence and associated factors. The review was commissioned in 2010 by the Academy and carried out by a steering group led by the National Collaborating Centre for Mental Health (NCCMH) at the Royal College of Psychiatrists.

Based on current evidence the review concluded that having an abortion does not increase the risk of mental health problems. The Steering Group recommended that future practice and research should focus on supporting all women who have an unwanted pregnancy.

Collaboration between Healthcare Professionals and the Pharmaceutical Industry
The Academy is an active player in the Ethical Standards in Health & Life Sciences Group which was established to take forward recommendations from the Royal College of Physicians report Innovating for Health: Patient, Physicians, the Pharmaceutical Industry and the NHS about relations between the medical professions and the pharmaceutical industry. The work and remit of the group has widened and the period saw the publication of the joint documents of Evolving the relationship between the medical community and the pharmaceutical industry (January 2011) and Guidance on Collaboration between healthcare professionals and the pharmaceutical industry (March 2012). Further joint work will continue into 2012.
The Academy has continued to build and enhance its relationship with stakeholders and relevant bodies through committees and meetings.
Academy Flexible careers committee

The Flexible Careers Committee came under the auspices of the Academy in September 2011. Representatives are from Medical Royal Colleges and Faculties, the BMA and NHS Employers all with responsibility for less than full time working and flexible training issues.

During 2011 and early 2012 the committee collected data about the ease of negotiation of contracts and working patterns both for less than whole time doctors and whole-time doctors as well as information about additional roles and responsibilities in medicine and mentoring.

The Flexible Careers committee has continued to be involved with developing information about good Improving Working Lives practice and flexible working, childcare, mentoring, developing a leadership role and flexible retirement.

Staff and Associate Specialist Doctors Committee

The Joint Colleges Staff and Associate Specialist Doctors (SAS) Committee formally became the Academy SAS Committee in June 2011. The group consists of representatives from the SAS committees in 10 member Colleges. The Academy SAS Committee contributes to the Academy’s cross profession view with particular reference to areas of relevance to SAS doctors such as the CESR process, revalidation, education and training. The SAS committee is represented on a number of Academy committees including the ASTC, Directors of CPD and revalidation groups.

In January 2012 the SAS committee hosted the Academy Joint Colleges SAS conference (Going for Gold). This was attended by over 170 delegates from the UK. Topics covered included medical leadership, appraisal, mentoring and were delivered by national experts with personal contributions from SAS doctors.

The SAS committee has responded to the GMC consultation on the routes to the Specialist and GP registers. The committee meets bi-annually.

Academy Patient Lay Group

The Academy’s Patient Liaison Group (APLG) continues to inform Academy discussions, and to ensure that the generic interests and perspectives of patients and the general public are taken into account within the work of the Academy. The group has contributed a patient and lay perspective to all Academy work and was represented on the majority of Academy committees.

Along with its quarterly meetings in November 2011 the APLG hosted a very successful seminar on Patients and Clinical Commissioning for all member College and Faculty patient, lay and carer representatives.

The APLG Chair was also involved in the DH Revalidation Support Team Programme of Work Advisory Group, the NHS Futures Forum and the Healthwatch Advisory Group.

The APLG made its own submissions to the NHS Futures Forum, the Health & Social Care Bill and to the Training and Education of Doctors. The APLG had, for the first time, a Workplan for 2011 which was reviewed in early 2012. It was judged that the Group had succeeded in meeting the majority of its planned activities.

International forum

The Academy International Forum (IF) coordinates the international activities of the Medical Royal Colleges in order to improve health through education and training.

The forum meets to discuss, disseminate and promote information and international development projects amongst the Medical Royal Colleges and Faculties in collaboration with UK government agencies and non-governmental organisations. It explores initiatives in cooperation with local professional organisations outside the UK for capacity building through skills and transfer.

As well as dealing with core business the IF meetings have begun focusing on themes to further inform members. So far these have included Health Activities in India, Health Activities in China and Volunteering. The Rt Hon Andrew Mitchell pledged his support to assisting Medical Royal Colleges in developing programmes centred around volunteering.

The IF is producing a consultation document to encourage volunteering as part of the normal CPD of doctors in UK throughout their career.
External representation

The Academy is also represented on a number of external bodies and attends regular meetings reporting back bi-annually to the Academy Council. A full list of external bodies and Academy representatives is at the back of the review.

Media and public relations

The Academy has continued to develop its external communications and raise its profile through its website and use of social media and by developing relationships with reporters and publishers. There have been a number of high profile campaigns over the period including launching the publication of *Induced Abortion and Mental Health* in January 2012 and the start of the Obesity Steering Group in February 2012. The Academy and its work was also publicised widely over the Health & Social Care Bill reforms. These and other key elements of the Academy’s work have been reported in national and specialist media platforms.
The Academy has continued to run its business efficiently and effectively over the last 18 months. It has taken a number of initiatives to ensure that this remains the case and is fully accountable.

The Academy financial year was changed in 2011 to run from 1 April to 31 March (previously it was 1 October to 30 September) making this an extended reporting period. Along with this the Academy’s governance arrangements changed in 2011 introducing a Board of Trustees to work alongside the Academy Council members.
The Academy Board of Trustees is separate from the Council and is responsible for the overall governance of the Academy including all issues relating to finance, audit, governance, risk management and human resource issues. The Board of Trustees has ultimate legal responsibility for the Academy and must therefore be assured that the policy proposals and work programme proposed by the Academy Council are compatible with the Academy’s aims and are affordable. The Board of Trustees has eight members made of four independently appointed Trustees (including the Chairman) as well as the Academy Council Chairman, Treasurer and two further members elected from the Council. The Board of Trustees meets four times a year. The current Board chairman is Mr Walter Merricks.

The Academy Council is formed of the Presidents of its member Colleges and Faculties with the exception of the Royal College of General Practitioners who is represented by its Chairman of Council as well as President. The Academy Council also has three co-opted members: a patient representative, a trainee doctor and a representative from the Academy of Medical Royal Colleges in Wales. It is the Council that determines the healthcare policy issues for the Academy to address. The Council meets six times a year.

The Chairman of the Council, who is the lead spokesperson for the Academy, is elected from and by Council members. The Chairman from 2009-12 was Professor Sir Neil Douglas, previously President of the Royal College of Physicians of Edinburgh. The Chairman from July 2012 will be Professor Terence Stephenson, previous President of the Royal College of Paediatrics and Child Health. The Council also elects two vice-chairman from its member representatives.

The Chairman, vice-chairs, Honorary Secretary/Treasurer and an RCGP representative form the Academy Officers Group. The Academy Officers Group is responsible for identifying and developing items for the Academy Council agenda and any urgent business between meetings.

The Academy Council members remain in office during their time as President of their member colleges, with the exception of the Chairman and Honorary Secretary/Treasurer who are eligible to serve the Academy past their college or faculty presidency.

Office and staffing

The Academy purchased premises at 10 Dallington Street, in Clerkenwell London in 2011. The Academy employs nine full-time members of staff who work at this address and it also contracts others on a consultancy basis to undertake specific projects. The Chief Executive is Alastair Henderson.
## Board of Trustees

- Mr Walter Merricks CBE, Chairman of Trustees
- Mr Paul Coombes
- Dr Howard Young
- Mr Arun Midha (retired)
- Professor Sir Neil Douglas, Academy Chairman
- Mr Susan Bews, Academy Treasurer
- Mr David Tolley
- Dr Tony Falconer

## Academy Council

- Professor Sir Neil Douglas, Chairman
- Professor Terence Stephenson, Vice Chairman – Royal College of Paediatrics & Child Health
- Dr Peter Nightingale, Vice Chairman – Royal College of Anaesthetists
- Dr Susan Bews, Honorary Treasurer
- Professor Sir Sabaratnam Arulkumaran, Honorary Secretary
- Dr Clare Gerada, Officer – Royal College of General Practitioners
- Miss Kathy Harley, Faculty of Dental Surgery
- Dr Mike Clancy, College of Emergency Medicine
- Professor Iona Heath, Royal College of General Practitioners
- Dr Anthony Falconer, Royal College of Obstetricians and Gynaecologists
- Dr Olivia Carlton, Faculty of Occupational Medicine
- Professor Harman Dua, Royal College of Ophthalmologists
- Dr Archie Prentice, Royal College of Pathologists
- Dr Richard Tiner, Faculty of Pharmaceutical Medicine
- Dr Neil Dewhurst, Royal College of Physicians
- Dr John Crowe, Royal College of Physicians of Ireland
- Professor Sir Richard Thompson, Royal College of Physicians of London
- Mr Ian Anderson, Royal College of Physicians & Surgeons of Glasgow
- Professor Sue Bailey, Royal College of Psychiatrists
- Professor Lindsey Davies, Faculty of Public Health
- Dr Jane Barrett, Royal College of Radiologists
- Mr Paddy Brog, Royal College of Surgeons of Ireland
- Mr David Tolley, Royal College of Surgeons of Edinburgh
- Professor Norman Williams, Royal College of Surgeons of England

## Previous members since September 2010

- Ms Ellis McGovern, Royal College of Surgeons of Ireland
- Professor Derrick Willmot, Faculty of Dental Surgery
- Dr John Heyworth, College of Emergency Medicine
- Mr John Black, Royal College Surgeons England
- Professor Dinesh Bhugra, Royal College Psychiatrists
- Professor Peter Furness, Royal College of Pathologists
- Mr Susan Bews, Royal College of Ophthalmologists
- Professor David Coggon, Faculty of Occupational Medicine
- Professor Steve Field, Officer

## Academy Committees and Chairmen

- Academy Education Strategy Committee, Dr Peter Nightingale
- Academy Foundation Programme Committee, Dr David Kezel
- Academy Specialty Training Committee, Dr Simon Newell
- Academy Infection Training Working Party, Professor Sir Neil Douglas
- Joint Academy, COPMed & COGPeD T.A Group, Professor David Bowden
- Academy Assessment Committee, Dr Neil Dewhurst
- Academy Trainee Doctors’ Group, Dr Damian Roland
- Directors of Continuing Professional Development, Dr Ian Starkes
- Academy Patient/Lay Group, Mr Sol Mead
- Academy Health Inequalities Forum, Dr Clare Gerada
- Academy Project Governance Committee, Professor Sir Neil Douglas
- Quality Improvement Leads Committee, Professor Sir Neil Douglas
- Academy Infection Training Working Party, Professor Tony Falconer
- Revalidation Development Group, Professor Tony Falconer
- Revalidation Steering Group, Professor Sir Neil Douglas
- Revalidation Project Governance Committee, Professor Sir Neil Douglas
- Academy Flexible Careers Committee, Dr Alison Brown
- Staff and Associate Specialist Doctors Committee, Dr Joanna Lawson
- ICGP, Professor Pat Troop
- UK Donations Ethics Committee, Sir Peter Simpson
- International Forum, Dr John Howard

## Academy Staff

- Mr Alastair Henderson, Chief Executive
- Ms Carol Sheppard, MTI Programme Manager
- Ms Rosie Carlow, Publications & Communications Manager
- Ms Claire Coomber, Committee & Policy Manager
- Ms Manjula Ansari, Committee & Policy Manager
- Ms Lesley Hagger, Committee & Policy Manager
- Ms Yvonne Livesey, Committee & Policy Manager
- Ms Helen Lovell, Donation Ethics Committee Secretary
- Ms Kate Lyons, PA to the Chairman
- Ms Sharon Merchant, Office Manager
- Ms Kate Tansley, Revalidation Policy and Programme Manager
- Mr Alexander Fessehaye, Finance Manager
- Ms Nina Newbery, Committee & Policy Manager
- Ms Elspeth Evans, Intercollegiate Group on Nutrition Secretary

Mr Sol Mead, Patient representative
Dr Damian Roland, Trainee representative
Dr Mike Tolley, Academy of Medical Royal Colleges in Wales
Finance at a Glance

The Academy expenditure for the period is divided into four main categories:

- Core Expenditure (includes staffing, administration costs, core meetings)
- Designated Funds (includes MTI allocations, Matched funding projects and accommodation)
- Restricted Funds (includes specific projects such as e-Learning for Healthcare, patient feedback in Foundation, UKDEC, Medical Leadership)
- Revalidation

Total Expenditure for the period October 2010 — March 2012

Core Expenditure £ 540,000
Designated Funds £ 1,305,000
Restricted Funds £ 342,000
Revalidation £ 225,000
Total £ 2,412,000

Money for continuation of Academy work

Core Expenditure £ 410,000
Designated Funds £ 1,609,000
Restricted Funds £ 512,000
Revalidation £ 2,112,000
Total £ 4,643,000
In March 2012 Professor Terence Stephenson (then President of the Royal College of Paediatrics and Child Health) was elected as the new Chairman of the Academy to take up post in July 2012. His term of office is for two years renewable for one further year.

On his election Professor Stephenson stated: “Medical Royal Colleges are here to maintain and develop standards of clinical care and medical education for the benefit of patients. I will seek to represent their views clearly and without favour.

My priorities for the coming years, and what I see as the major issues confronting patients, the public and the profession are quality and standards of care, medical education and training, implementing revalidation for doctors; workforce planning, public health and prevention, including the work we have begun on obesity, service reconfiguration and how to handle failing hospitals and doctors.”
Strategic Objectives

Taking work forward into 2013 and beyond the Academy will continue to build on the relationships and work that has begun with all stakeholders including the Government and employers for the benefit of patient care and continued drive for excellence in the life long education and training for postgraduate doctors.

The five key strategic objectives agreed coming into the period are to:

01 Ensure that the Academy acts and is seen to act as the “professional conscience” of doctors in support of the highest standards of patient care

02 Ensure that the Academy takes a pro-active role in the early identification of issues of concern to patients and the profession

03 Actively seek to find alternative and additional sources of income provided they are in line with organisations values and objectives

04 Ensure that in taking forward this work the Academy:
   — Takes a UK wide-perspective on its approach to policy issues in general and in response to specific issues
   — Actively promotes collaborative working between Colleges and Faculties
   — Works to raise its profile in actively engaging and working with external organisations

05 Ensure that the Academy’s expenditure remains in line with income generated

Practical Objectives

It will be the task of the Board and Council to identify in practical plans as to how these aims are realised over the next three years.

Some of the key work priorities to be delivered in 2012-13 are:

— Completion of the work of the Seven Day Acute Services Project and publication of a report
— Completion of the work of the Obesity Steering Group project and publication of a report
— Supporting the initial introduction of revalidation
— Supporting Colleges and Faculties in the training of advisors for revalidation
— Developing pilots on the assessment of Foundation doctors to include effective patient feedback
— Ensuring that Colleges have a full role in providing input to the NHS Commissioning Board Authority
— Influencing the establishment and operation of Health Education England
— Effective input to the Better Training, Better Care
— Effective input into the Shape of Training Review
— Publication of Transferable Competences Framework
— Full approval of the broad-based curriculum programme and running pilots in a number of deaneries
— Evaluating Supervised Learning Events implementation to inform their development and potential adoption in specialty, core and general practice training (in conjunction with the GMC)
— Aid development and implementation of Improving care and training at trainee changeover dates
— Inputting into the Quality Improvement Agenda, specifically on the education outcomes framework and working closely with the GMC on related issues on their quality agenda
— Continue to grow the MTI programme, streamlining and improving the application process and seeking more participants from Sub-Saharan Africa and other Low and Low to Middle Income Countries
— Effective input to the Medical and Dental Recruitment and Selection (MDRS) programme
— Publication of a report on the College and Faculties role in remediation.
<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
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<tbody>
<tr>
<td>March 2012</td>
<td>Guidance on Collaboration between Healthcare Professionals and the Pharmaceutical Industry</td>
</tr>
<tr>
<td>March 2012</td>
<td>Foundation Programme Curriculum 2012</td>
</tr>
<tr>
<td>January 2012</td>
<td>The Benefits of Consultant-Delivered Care</td>
</tr>
<tr>
<td>January 2012</td>
<td>Standards and Criteria for CPD Activities: A Framework for Accreditation</td>
</tr>
<tr>
<td>January 2012</td>
<td>Induced Abortion and Mental Health: A systematic review of the mental health outcomes of induced abortion, including their prevalence and associated factors</td>
</tr>
<tr>
<td>December 2011</td>
<td>An Ethical Framework for Controlled Donation After Circulatory Death</td>
</tr>
<tr>
<td>November 2011</td>
<td>Acute Kidney Injury: A Competency Framework</td>
</tr>
<tr>
<td>July 2011</td>
<td>Keeping patients safe when they transfer between care providers – Professional Guidance</td>
</tr>
<tr>
<td>July 2011</td>
<td>Keeping patients safe when they transfer between care providers – Organisational Guidance</td>
</tr>
<tr>
<td>July 2011</td>
<td>EHealth Competency Framework – Defining the Role of the Expert Clinician</td>
</tr>
<tr>
<td>May 2011</td>
<td>Hospital Episode Statistics: Improving the quality and value of hospital data. Discussion document</td>
</tr>
<tr>
<td>April 2011</td>
<td>Standards for the design of hospital in-patient prescription charts</td>
</tr>
<tr>
<td>March 2011</td>
<td>Engaging Doctors: What can we learn from trusts with high levels of medical engagement?</td>
</tr>
<tr>
<td>December 2010</td>
<td>Workplace Based Assessment Forum Outcomes 2010</td>
</tr>
<tr>
<td>December 2010</td>
<td>Clinical Responses to the Downturn</td>
</tr>
<tr>
<td>March 2012</td>
<td>Academy Statement on Higher Specialist Scientific Training</td>
</tr>
<tr>
<td>January 2012</td>
<td>Academy Vision and Principles for Postgraduate Medical Education &amp; Training</td>
</tr>
<tr>
<td>December 2011</td>
<td>Academy submission to Health Committee on Education Training and Workforce Planning Inquiry</td>
</tr>
<tr>
<td>November 2011</td>
<td>Academy Statement on Currency, Timing and Number of Attempts at professional examinations</td>
</tr>
<tr>
<td>October 2011</td>
<td>Academy Statement to the Lords on the NHS Health &amp; Social Care Bill 2011</td>
</tr>
<tr>
<td>September 2011</td>
<td>Academy comments on Modernising the Professional Qualifications Directive</td>
</tr>
<tr>
<td>September 2011</td>
<td>Academy Response to the UKBA Consultation on Tier 5</td>
</tr>
<tr>
<td>July 2011</td>
<td>Academy Response to MEE Medical Indicators – Education Commissioning for Quality</td>
</tr>
<tr>
<td>June 2011</td>
<td>Academy Letter to DDRB regarding DH further evidence to CEAs Review</td>
</tr>
<tr>
<td>March 2011</td>
<td>Academy Response to A New Value Based-Approach to the Pricing of Branded Medicines</td>
</tr>
<tr>
<td>March 2011</td>
<td>Academy Response to Developing the Healthcare Workforce</td>
</tr>
<tr>
<td>March 2011</td>
<td>Academy Oral Evidence to the DDRB Review of Clinical Excellence Awards</td>
</tr>
<tr>
<td>March 2011</td>
<td>Academy Response to GMC National postgraduate professional examinations consultation</td>
</tr>
<tr>
<td>February 2011</td>
<td>Academy &amp; APBI et al Joint Statement on Evolving the relationship between the medical community and the pharmaceutical industry</td>
</tr>
<tr>
<td>February 2011</td>
<td>Academy Statement to the NHS Health &amp; Social Care Bill 2011</td>
</tr>
<tr>
<td>January 2011</td>
<td>Academy Response: Liberating the NHS – Greater Choice and Control</td>
</tr>
<tr>
<td>January 2011</td>
<td>Academy Response: Liberating the NHS – Information Revolution</td>
</tr>
<tr>
<td>November 2010</td>
<td>Academy submission to the DDRB: Clinical Excellence Awards</td>
</tr>
<tr>
<td>October 2010</td>
<td>Academy Response to the Scope, Purpose and Principles of an NHS Outcomes Framework</td>
</tr>
<tr>
<td>October 2010</td>
<td>Academy Response to Equity and Excellence – Liberating the NHS</td>
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<td>Academy of Colleges in Wales</td>
<td>Professor Sir Neil Douglas</td>
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<tr>
<td>Academy of Medical Educators (Educational Supervisors' Project)</td>
<td>Dr J P Van Besoum</td>
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<td>Academy of Medical Educators (Educational Supervisors' Project)</td>
<td>Dr Maggie Blott</td>
</tr>
<tr>
<td>Advisory Committee on Clinical Excellence Awards</td>
<td>Professor Sir Neil Douglas</td>
</tr>
<tr>
<td>British Medical Association – Council</td>
<td>Professor Sir Neil Douglas</td>
</tr>
<tr>
<td>British Medical Association – Private Practice Committee</td>
<td>Dr Iain Murray-Lyon</td>
</tr>
<tr>
<td>Clinical Disputes Forum</td>
<td>Dr Susan Bews</td>
</tr>
<tr>
<td>European Forum (UEMS)</td>
<td>Professor Sue Bailey</td>
</tr>
<tr>
<td>GMC/Academy Liaison Group</td>
<td>Professor Sir Neil Douglas (Co-Chair)</td>
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<tr>
<td>GMC/Academy Liaison Group</td>
<td>Dr Jane Barrett</td>
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<td>Professor Sir Neil Douglas (Vice Chairman)</td>
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<td>Dr Bill Aylward</td>
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<td>Dr Jane Barrett</td>
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